24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

| Schedule E) | PAGE 1 OF 4 FOR SE OF FORM 24/48 |
|---|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| People's Action Movement | C C00567479 |
| | |
| Check if 24-hour report 48-hour report New report Amends report file | led on MMM / DDD / YTYTY |
| Full Name of Payee Keystone Progress | Date of Public Distribution/Dissemination |
| | 10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 201 Washington St. | Amount |
| #534 City State Zip Code | 3333.00 |
| Reading PA 19601 | Transaction ID : SE.5093 |
| Purpose of Expenditure Printing - Stop Trump (estimated) Category/ Type | Date of Disbursement or Obligation 10 07 2016 |
| Name of Federal Candidate Support Of | fice Sought: House District: |
| TRUMP, DONALD J | President Senate State: |
| | sbursement For: Primary X General |
| Odioridal Todi To Dato | 16 Other (specify) ▶ |
| Full Name of Payee Kovetone Progress | Date of Public Distribution/Dissemination |
| Keystone Progress | 10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 201 Washington St. | Amount |
| #534 | |
| City State Zip Code Reading PA 19601 | 12000.00 Transaction ID : SE.5094 |
| Purpose of Expenditure Category/ | Date of Disbursement or Obligation |
| Field Program - Stop Trump (estimated) Category/ Type | 10 07 2016 |
| | ffice Sought: House District: |
| TRUMP, DONALD J., , , | 🗶 President Senate State: |
| | isbursement For: Primary General |
| | Other (specify) - |
| (a) SUBTOTAL of Itemized Independent Expenditures | 15333.00 |
| (b) CURTOTAL of United in all plants of the second in the | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 7 7 7 |
| (c) TOTAL Independent Expenditures | 7 7 7 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent. | |
| Geise, Tara, M., , [Electronically Filed] Date | 10 17 2016 |
| Signature | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | 123 | PAGE 2 OF 4 FOR SE OF FORM 24/48 |
|---|-----------------------------|--|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| People's Action Movement | | C C00567479 |
| Check if 24-hour report 🗶 48-hour report | Amends report filed on | M / D D / Y B Y B Y B Y |
| Full Name of Payee People's Action | | f Public Distribution/Dissemination |
| Mailing Address 810 N. Milwaukee Ave. | | 10 15 2016 |
| | | |
| City State Zip C Chicago IL 6064 | Transa | 2421.99 action ID : SE.5087 |
| Purpose of Expenditure Payroll & Benefits - Stop Trump | egory/ | f Disbursement or Obligation 10 06 2016 |
| Name of Federal Candidate | Support Office Sought | : House District: |
| TRUMP, DONALD J., , , | X Oppose X Preside | nt Senate State: |
| Calendar Year-To-Date Per Election for Office Sought 2 | Disbursement 2016 Ott | For: Primary x General ther (specify) ▶ |
| Full Name of Payee | Date o | f Public Distribution/Dissemination |
| People's Action | | 10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 810 N. Milwaukee Ave. | Amour | ıt |
| City State Zip C | Code | 1600.00 |
| Chicago IL 606 | | ction ID : SE.5088 f Disbursement or Obligation |
| Purpose of Expenditure Payroll & Benefits - Stop Trump (estimated) Cate | | 10 06 7 2016 |
| Name of Federal Candidate | Support Office Sought | : House District: |
| TRUMP, DONALD J., , , | X Oppose X Preside | nt Senate State: |
| Calendar Year-To-Date Per Election for Office Sought 4 | 021.99 Disbursement 2016 Ot | For: Primary X General her (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 4021.99 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | 7 7 7 |
| (b) SOBTOTAL OF Officernized independent Expenditures | L | 4 |
| (c) TOTAL Independent Expenditures | ······ | 7 7 7 |
| Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent. | | |
| Geise, Tara, M., , [Electronically In Signature] | Filed] Date 10 | 17 2016 |
| - 3 | | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

| | FOR SE OF FORM 24/48 | |
|---|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ | |
| People's Action Movement | C C00567479 | |
| Check if 24-hour report 48-hour report New report Amends report filed | on | |
| Full Name of Payee | Date of Public Distribution/Dissemination | |
| People's Action | 10 15 2016 | |
| Mailing Address 810 N. Milwaukee Ave. | Amount | |
| City State Zip Code | 3333.00 | |
| Chicago IL 60642 | Transaction ID : SE.5091 Date of Disbursement or Obligation | |
| Purpose of Expenditure Printing - Stop Trump (estimated) Category/ Type | 10 06 7 2016 | |
| | Sought: House District: | |
| TRUMP, DONALD J., , , | President Senate State: | |
| Calendar Year-To-Date Per Election for Office Sought Disbur 2016 | rsement For: Primary General | |
| Full Name of Payee | Other (specify) ▶ Date of Public Distribution/Dissemination | |
| People's Action | Date of Public Distribution/Dissemination | |
| Mailing Address 810 N. Milwaukee Ave. | Amount 2016 | |
| City State Zip Code | 11500.00 | |
| | Transaction ID : SE.5092 Date of Disbursement or Obligation | |
| Purpose of Expenditure Field Program - Stop Trump (estimated) Category/ Type | 10 06 7 2016 | |
| Name of Federal Candidate Support Office | Sought: House District: | |
| TRUMP, DONALD J., , , | President Senate State: | |
| Calendar Year-To-Date Per Election for Office Sought Disbut 2016 | rsement For: Primary General Other (specify) | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 14833.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| (c) TOTAL Independent Expenditures | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | |
| Geise, Tara, M., , [Electronically Filed] Date 10 | | |
| Signature | | |

PAGE 3

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | PAGE 4 OF 4 FOR SE OF FORM 24/48 | | |
|---|--|--|--|
| AME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ | | |
| People's Action Movement | C C00567479 | | |
| theck if 24-hour report × 48-hour report New report Amends report filed o | n M = M / D = D / Y = Y = Y | | |
| | | | |
| Full Name of Payee People's Action | Date of Public Distribution/Dissemination 10 14 2016 | | |
| Mailing Address 810 N. Milwaukee Ave. | Amount | | |
| City. | 100.00 | | |
| | 193.80 Transaction ID : SE.5086 Date of Disbursement or Obligation | | |
| Purpose of Expenditure Website - Stop Trump Category/ Type | 10 15 2016 | | |
| Name of Federal Candidate Support Office S | Sought: House District: | | |
| TRUMP DONALD I | President Senate State: | | |
| Calendar Year-To-Date Per Election for Office Sought Disburs 2016 | ement For: Primary X General Other (specify) ▶ | | |
| Full Name of Payee | Date of Public Distribution/Dissemination | | |
| Mailing Address | M M / D D / Y Y Y Y | | |
| | Amount | | |
| City State Zip Code | | | |
| | Date of Disbursement or Obligation | | |
| Purpose of Expenditure Category/ Type | M = M / D = D / Y = Y = Y | | |
| Name of Federal Candidate Support Office S | Sought: House District: | | |
| Oppose F | President Senate State: | | |
| Calendar Year-To-Date Per Election for Office Sought | sement For: Primary General Other (specify) ▶ | | |
| | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 193.80 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures | 34381.79 | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Geise, Tara, M., , [Electronically Filed] Date | 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| Signature | | | |